## Rec's PCT/PTO 02 SEP 2004

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DECLARATION	EOR LITE	TYOR	Attorney Docket Number	2207		
DESIGN			First Named Inventor	Kung C	hris Wu	ı
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(37 CF	R 1.63)	ļ.	Application Number	Unknow	/n	
Declaration	Declara	tion	Filing Date	Herewit	th	
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Filing	require	R 1.16 (e)) d)	Examiner Name	Unknow	/n	
I hereby declare that: Each inventor's residence, ma I believe the inventor(s) name which a patent is sought on th	d below to be ti	he original and first i			ch is claime	ed and for
	UNIVER	SAL RETICLE	TRANSFER SYS	TEM		
		(Title of the I	invention)			
the specification of which						
is attached hereto						
OR						
was filed on (MM/DD/Y	YYY) 12	June 2003	as United States Ap	plication Nur	mber or PC	T International
Application Number PCT/US	2003/018705	and was amended	on (MM/DD/YYYY)			(if applicable).
I hereby state that I have revie amended by any amendment			of the above identified	specification.	including t	he claims, as
I acknowledge the duty to di continuation-in-part applicatio and the national or PCT intern I hereby claim foreign priority	sclose informa ns, material inf lational filing da	tion which is mater ormation which bec ite of the continuatio	ame available between n-in-part application.	n the filing da	ate of the p	prior application
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Prior Foreign Application Number(s)	Country	Foreign Filling			Certified Co Yes	opy Attached? No
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This collection of information is required by 35 U.S.C. 115 and 37 CEP. 10<sup>2</sup>/<sub>20</sub> B. 10d<sup>2</sup>/<sub>2</sub> J. 10d<sup>2</sup>/<sub>2</sub> J. 10d<sup>2</sup>/<sub>2</sub> D. 10d<sup>2</sup>/<sub>2</sub> D.

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## **DECLARATION** — Utility or Design Patent Application

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Name Donald E. Sch Donald E. Sch		ofessional Cor	porati	on		
Address Post Office Bo	× 2926					
City Kings Beach		State	California		96143-2926	
Country		Telephone (530) 546-60	041	Fax (530	) 546-2	341
I hereby declare that all stater and belief are believed to b statements and the like so ma fatse statements may jeopardi	e true; and fui ide are punisha	rther that these star ble by fine or impris	tements	were made with or both, under 18	the kno	wledge that willfut false
NAME OF SOLE OR FIRST IF	VENTOR:		etition ha	as been filed for t		
Given Name (first and middle Kung Chris	[if any])		Family Name or Surname Wu			
Inventor's Signature : Wash	8/3°/64					
Residence: City Sunnyvale	Sfate Califo	mia CA	Countr		Citizer	iship /
Mailing Address 1695 Here	on Ave.					
City Sunnyvale	State Califo	ornia		94087		Country USA
NAME OF SECOND INVENTO	OR:			A petition has be	en fited f	or this unsigned inventor
Given Name (first and middle Robert Frank	(if any))	. /		Family Name of Sifuente	s	
Inventor's Signature	Fh	12				Daty-30-04
Residence: City Milpitas,	State Califor	mia A	Country		Citizer <b>U</b>	nship ISA
Mailing Address 240 Hazer	n St.					
City Milpitas,	State Califo	rnia	Z	95035	Count	ISA
Additional inventors or a legal re	presentative are be	ing named on the 2 .	upplement	al sheet(s) PTO/SB/02	A or 02LR a	offsched hereto.



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California

California

Stat

Mailing Address Sunnyvale

Given Name (first and middle (if any) Anatoly Inventor's Signature Mountain View

Name of Additional Joint Inventor, if any:

Sunnyvale Mailing Address 1390 Pointe Claire Dr.

> Malobrodsky 130 2000 Date California **USA** Country

USA

94087

94043

A petition has been filed for this unsigned inventor

Family Name or Surname

Mailing Address 1528 Lilac Ln.

Mailing Address Mountain View

California Country This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file This collection of information is required by 35 U.S.C. 115 and 37 CH N 151. The information is required by distant or retain a benefit by the public which is to be included by the U.S.P.C. to proceed by 31 U.S.C. 115 and 37 CH N 151. The information is required by distance of the information of t

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TO THIS ADDRESS, SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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DECLARATION	Supplemental Sheet Page 2 of 2					
Name of Additional Joint Inventor, if any:		A petition	has been filed for th	ils unsigned in	ventor	
Given Name (first and middle (if any)		Family Name o				
Chien-Rong		l	Hua	ng		
Inventor's Signature Chien - Rong Un Hsin Chu City	ava .		TWX	Date 8	30/2004	
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Application Number

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					NIVERSAL RETICLE TRANSFER SYSTEM			
CORRESPONDE		Art Unit		Un	known			
INDICATION	ON FORM	Examin	er Name		known			
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Firm or Individual Name	Donald E. Schreibe	r						
Address	Donald E. Schreibe	r A Pro	fessiona	l Corpora	tion			
Address	Post Office Box 29	26						
City	Kings Beach		State	California	Zip	9614	3-2926	
Country	USA		Fax					
Telephone	(530) 546-6041	(530) 546-6041			-2341			
	the entire interest. See 37 CFR FR 3.73(b) is enclosed. (Form		5)					
,	SIGNATURE OF			of Record				
Signature	MATERS 1.	/			Date	87	30/04	
	Ckris Wu				Telephone	(408)	734-9311	
Title and Company CEO	President, Fortre	nd Engi	neering	Corporati	on			
NOTE: Signatures of all the inventor signature is required, see below.	rs or assignees of record of the enti	re interest or	their represent	ative(s) are requi	red. Submit mu	itiple forms	f more than one	
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Application Number	Unknown
Filing Date	Herewith
First Named Inventor	Kung Chris Wu
Title	UNIVERSAL RETICLE TRANSFER SYSTEM
Art Unit	Unknown
Examiner Name	Unknown
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	30) 546-6041		Fax	(530) 546	2341	
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NOTE: Signatures of all the inventors or signature is required, see below*.	assignees of record of tale ent	re interest o	or their represen	tative(s) are requir	ed. Submit mu	itiple forms if more than one
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FON	and	First N	amed Inventor	Kun	g Chris	Wu	
CORRE	PONDENCE ADDRESS	Title		UNIVE	RSAL RETI	LE TRAN	SFER SYSTEM
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Address	al Name Donald E. Schreibe						
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City	Post Office Box 29 Kings Beach	120	State Calif	fornia	Zip	064	13-2926
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Application Number Under the Paperwork Reduction Act of 1995, no persons are require Unknown Filing Date Herewith POWER OF ATTORNEY First Named Inventor Kung Chris Wu and INIVERSAL RETICLE TRANSFER SYSTEM CORRESPONDENCE ADDRESS Art Unit Unknown INDICATION FORM Evaminer Name Unknown Attorney Docket Number 2207 I bereby appoint: Practitioners associated with the Customer Number OR Practitioner(s) named below: Name Registration Number Donald E. Schreiber 29,435 as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent an Trademark Office connected therewith. Please recognize or change the correspondence address for the above-identified application to: The address associated with the above-mentioned Customer Number. OR The address associated with Customer Number: OR X Donald E. Schreiber Individual Name Address Donald E. Schreiber A Professional Corporation Address Post Office Box 2926 State California Zip 96143-2926 Kings Beach Country USA Telephone (530) 546-6041 Fax (530) 546-2341 am the: Applicant/Inventor Assignee of record of the entire interest. See 37 CFR 3.71 Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) SIGNATURE of Applicant or Assignee of Record Signature Bello Date 8/30/2004 Name Anatoly Malobrodsky Telephone (408) 734-9311

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NOTE: Signatures of all the inventors or assignees of record of the entire siterest or their representative(s) are required. Submit multiple forms if more than one

Title and Company

signature is required, see below

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Application Number

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Kung Chris Wu

CORRESPONDENCE	Title		UNIV	ERSAL RETI	SAL RETICLE TRANSFER SYSTEM				
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Telephone (530	) 546-6041		Fax	(530) 546	2341				
I am the:									
Applicant/Inventor.									
Assignee of record of the entir	re interest See 37 CFR	371							
Statement under 37 CFR 3.73	(b) is enclosed. (Form I	PTO/SB/96)							
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Name Chien-Ron		7			Telephone				
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Title and Company Vice President, Fortrend Taiwan Scientific Corp.  NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one									
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First Named Inventor

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